



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	Elder Nursing Homes (Charleville) Limited
Address of centre:	Love Lane, Clybee, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	21 February 2022
Centre ID:	OSV-0000291
Fieldwork ID:	MON-0036259

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Martha's Nursing Home is a purpose built, single storey premises set back from the main road on the outskirts of Charleville, Co. Cork. The centre provides accommodation for up to 36 residents in twenty two single and seven twin bedrooms. Thirteen of the single bedrooms and two of the twin bedrooms are en suite with shower, toilet and wash hand basin. The remaining bedrooms are equipped with a wash hand-basin facility. The centre accommodates both female and male residents for long-term care and also facilitates short-term care for residents requiring convalescence, respite and palliative care. The centre caters for residents assessed as low, medium, high and maximum dependency. There is an internal courtyard which is accessible to residents that wish to spend some time in the open air.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
--	----

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 21 February 2022	09:30hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

Prior to entering the centre the inspector underwent a temperature check and confirmed that they were free of symptoms associated with COVID-19.

The centre is registered to care for 36 residents, on the day of the inspection there were 26 residents living in the centre and two residents were due to be admitted.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector noted staff to be responsive and attentive without any delays with attending to residents' requests and needs. The inspector saw that staff were respectful and courteous towards residents.

The inspector spoke with five residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided within the centre. One resident spoken with stated that they found COVID-19 restrictions had a negative impact on their quality of life, however, they were kept informed of and understood that the restrictions were aligned with current public health advice at the time. Resident outings and visits to homes of families and friends were again being encouraged and facilitated. One resident had visited a pub within the town and a number of other residents attended a local day care centre.

The centre is a single storey building which comprised seven twin rooms and 22 single rooms. Through walking around the centre, the inspector observed that most residents had personalised their rooms and had their photographs and personal items displayed. There was sufficient display space, and storage for personal items.

Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. Alcohol hand gel dispensers were readily available along corridors for staff use. However dispenser labelling and infection prevention and control signage required review. For example signage on donning and doffing PPE was on display within residents en-suites and not at the point PPE was donned, some hand hygiene signage was stained and three hand hygiene posters were displayed over some of the residents sinks.

Improvements were required in respect of maintenance, infrastructure and environmental and equipment hygiene. Some of the surfaces and finishes including wall paintwork, flooring and furniture were worn and as such did not facilitate effective cleaning. Storage space was limited and resulted in the inappropriate storage of equipment and supplies throughout the centre. The cleaners store was visibly unclean and two vacated bedrooms had not been effectively cleaned. Improvements in hand hygiene facilities were required to ensure effective hand hygiene practice. Findings in this regard are further discussed under the individual

Regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Elder Nursing Home (Charleville) Ltd is the registered provider of St Martha's Nursing Home. Elder Nursing Home (Charleville) Ltd. have a services agreement in place with Complete Healthcare Services Ltd (CHS) to manage the day to day operations of the nursing home. However there was some ambiguity among management and residents in the centre regarding the governance arrangements.

The provider had not ensured that a Person in Charge that met the requirements set out in the Health Act 2007 (Care And Welfare Of Residents In Designated Centres For Older People) Regulations 2013 was employed and available in the centre. The inspector was informed a recruitment for this position was at an advanced stage. In the interim of this appointment the registered provider must ensure there is a person in charge in the centre who is effective in ensuring, and in turn assuring, that a good quality and safe service is delivered.

The acting director of nursing was the designated COVID-19 lead. The acting director of nursing was supported in their role by a second director of nursing on a part time basis. Monthly infection prevention and control meetings were chaired by the acting director of nursing to update staff on COVID-19 restrictions and ongoing infection prevention and control measures.

The inspector identified some examples of good practice in the prevention and control of infection. However the inspector found that the provider had not taken all necessary steps to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Details of issues identified are set out under Regulation 27.

An outbreak of COVID-19 had been declared in the designated centre in January 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. A total of 25 confirmed cases had been identified (15 residents and 10 staff members). The inspector was informed that all of the residents that had tested positive were fully vaccinated and their symptoms were generally mild.

Public Health had assisted in the management of the outbreak and an infection prevention and control nurse specialist had attended the centre to advise on outbreak management and infection prevention and control practices. However the provider had not provided formalised and continued access to a specialist with the

relevant skills, experience and qualifications in infection prevention and control and antimicrobial stewardship, such as an infection prevention and control nurse, as outlined in the centres own infection prevention and control policy.

The inspector was also informed that 10 staff had tested positive for COVID-19 infection during the recent outbreak of COVID-19 in the centre and as a result staffing levels had been impacted. In response additional agency staff had been employed to facilitate effective cohorting. This facilitated the allocation of dedicated nursing and care staff to care for residents with confirmed COVID-19 during their period of infectivity.

Transmission based precautions had been discontinued for all residents having completed the required isolation period. The outbreak was declared over by Public Health on 07 February 2022. A review of the management of these COVID-19 outbreaks to include lessons learned to ensure preparedness for any further outbreaks was pending.

Up-to-date infection prevention and control policies and procedures were in place and were based on national guidelines. The acting director of nursing was aware of updated public health and infection prevention and control guidelines on the prevention and management of cases and outbreaks of COVID-19, influenza and other respiratory infections in residential care facilities which were due for implementation on the day of the inspection.

A review of infection prevention and control training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. The inspector was informed that face to face infection prevention and control training had been provided in October 2021. A review of training records indicated that online infection prevention and control training had been completed by the majority of staff. However the findings of this inspection found that further training was required on standard infection control precautions including equipment and environmental hygiene and waste management.

Quarterly infection prevention and control audits were carried out by the person in charge. Audit tools were comprehensive and covered a range of topics including waste and linen management, environmental hygiene and hand hygiene facilities. Quality improvement plans were developed in response to audit findings. However recent audits had failed to identify some of the issues identified on the day of the inspection.

The physical environment within the centre had not been maintained to an acceptable standard. There were ineffective assurance mechanisms in place to ensure the physical environment was managed and maintained to effectively reduce the risk of infection. For example the inspector found that there were disparities between the level of compliance achieved in weekly housekeeping and maintenance audits and the findings on the day of the inspection. Furthermore issues that had been identified on these audits had not been addressed in a timely manner.

Several items of equipment observed during the inspection were visibly unclean.

Two commodes and two raised toilets seats and the inside of the majority of soap and alcohol dispensers checked were observed to be visibly unclean on the morning and again on the afternoon of the inspection. Two rooms had not received an effective deep clean after they had been vacated. Heavy dust was also observed inside the radiators in residents rooms.

There was ambiguity among cleaning staff with respect to the types of cleaning products to be used. Routine decontamination of the care environment was performed using a combined detergent and disinfectant solution at a dilution of 1,000 parts per million available chlorine. Disinfectants are usually only necessary if a surface that has already been cleaned with and water is suspected or known to have been contaminated by multi-drug resistant organisms (MDROs) and or other potentially infectious material including blood and other body fluids. A detergent solution (diluted as per manufacturer's instructions) is adequate for cleaning general surfaces when standard infection prevention and control precautions are in place. Additional training for cleaning staff had been planned.

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. The Registered Provider had engaged with residents and communicated with residents and relevant others regarding the recent outbreak. COVID-19 care plans had also been developed for residents that had tested positive for COVID-19 infection. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends during this time and scheduled visits were facilitated on compassionate grounds in line with updated public health guidelines. However, improvements were required in the area of infection prevention and control.

Staff and residents were monitored for signs and symptoms of infection twice a day to facilitate prevention, early detection and control the spread of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Training in hand hygiene had been provided to residents and certificates of completion had been provided.

The centre had reopened to admissions. Newly admitted residents were tested for COVID-19 infection in the three days before admission in line with national guidelines. Residents were encouraged to identify one nominated support person in line with Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities. The inspector was informed that the nominated support person had unrestricted access to the resident for most of the day even if the resident has COVID-19, so long as they are made aware of and accept the associated risk. A review of visiting records indicated that some visitors

had chosen to visit during the recent outbreak. However the assessment conducted for all visitors entering the centre was not aligned with national guidelines. For example proof of vaccination or a declaration that visitors have not travelled abroad is no longer required.

The provider had ensured there were sufficient supplies of PPE in the centre with all staff seen to be wearing the appropriate PPE, including respirator masks, on the day of the inspection.

A spillage kit containing a scoop and scraper, single use gloves, protective apron, surgical mask and eye protection, chlorine granules and tablets and health care risk waste bags was readily available for dealing with a blood spillages.

Residents laundry and used linen was washed in external laundry facility. Used clothes and cleaning textiles were laundered in the housekeeping room. However the layout of this room did not support effective infection prevention and control practices.

Improvements were also required in the management of the environment and equipment. Findings in this regard are further discussed under the individual Regulation 27.

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff.

The registered provider had not ensured clear governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example monitoring and oversight arrangements had not identified areas for improvement highlighted during the course of the inspection.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

- The inspector observed facility wide issues related to maintenance. Several surfaces, finishes, flooring and furniture in the centre were worn and poorly maintained and as such did not facilitate effective cleaning.
- The sluice room did not facilitate effective infection prevention and control measures. For example the room was cluttered, basins were stored on the floor, metal shelving was dusty and urinals were not stored clean, dry and inverted.
- The housekeeping room and store was not maintained in accordance with good hygiene practices. This area was observed to be cluttered and visibly unclean. There was no physical partition between clean and soiled items as

outlined in national guidelines.

- A review of the cleaning products used for routine cleaning was required to ensure compliance with national guidelines.
- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. For example linen trolleys and a buffer machine was observed in a communal bathroom, wheelchairs were stored along the corridor and wipes, stocks of PPE were stored on open shelving on a corridor, and other consumables were stored within the cleaners store and in the sluice room.

Facilities for and access to hand hygiene facilities in the centre required improvement . This was evidenced by:

- There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's rooms were dual purpose used by residents and staff. The hand hygiene sinks in the treatment room/ office and sluice room did not comply with recommended specifications for clinical hand wash basins.
- The underside and inside of all wall mounted alcohol hand gel dispensers were stained and the internal mechanism was difficult to clean.

Equipment and supplies were not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. This was evidenced by:

- Several items of resident equipment observed during the inspection were visibly unclean including two raised toilet seats, two commodes, three bed tables, a hoist and a portable fan.
- The centre had introduced a tagging system to identify equipment and areas that had been cleaned however this system had not been consistently applied at the time of inspection. For example a stained commode was tagged with an "I am Clean" label.
- The covers of several pressure relieving cushions, crash mats, pillows and foot stools were worn or torn. These items could not effectively be decontaminated between uses, which presented an infection risk.
- A basket containing partially used toiletries was observed within the sluice room. The use of communal toiletries is not advised.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Not compliant

Compliance Plan for St Martha's Nursing Home OSV-0000291

Inspection ID: MON-0036259

Date of inspection: 21/02/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A Person in Charge (PIC) has commenced in post since the inspection and will be responsible for ensuring that infection prevention and control procedures are implemented by staff, and that the procedures are consistent with the National Standards of Infection Prevention Control in Community Services (2018), published by HIQA. • The PIC is supported by the Clinical Nurse Manager (CNM) who will be responsible for clinical supervision and ensuring that infection prevention and control (IPC) standards are maintained in accordance with the National Standards and the IPC policies in the nursing home. • The CNM will be the designated Lead IPC nurse for the nursing home. We will ensure that enhanced IPC training is provided to the ADON, who will chair the IPC Committee meetings in the home and will report on key issues to the monthly management team meetings. • There are monthly IPC Committee meetings and regular IPC audits, including action plans to address any identified non-compliances. • The Covid-19 contingency plan for the home has been reviewed, updated and a post-outbreak review has been completed, including the learning outcomes from the recent outbreak experience. • As part of a retrospective review of the recent Covid-19 outbreak in the home, the chronology of events has been analysed, initial actions have been reviewed, and quality improvements recommended. • The quality improvement plan identified learning outcomes that could be applied to any further outbreaks, with special emphasis on infection control practices, effectiveness of housekeeping, psychological and recreational wellbeing of residents, and adequate skill mix and staffing. The quality improvement plan has been added to the Covid-19 contingency plan of the home. • All staff have now completed Infection Prevention & Control (IPC) Training updates, including the management team of the home. The PIC will be responsible for the oversight of IPC practices and ensure that all recommended improvements are 	

implemented and maintained.

- The audit results and progress on action plans will be discussed at the Monthly Management Quality & Safety Meeting, attended by representatives from each department in the home. This will heighten staff awareness and improve engagement with the quality improvement programme.
 - The housekeeping staff will all complete a certified Clean Pass training course. The systems and resources for maintaining a hygienic environment and adhering to infection prevention and control practices have been reviewed; these procedures will be included in the induction programmes of staff, as per the nursing home's Infection Prevention & Control Policies & Procedures and in accordance with the Company Housekeeping Manual.
 - The system of record keeping has been reviewed and records are now in place for daily, deep cleaning and enhanced terminal cleaning procedures, which will be monitored by the PIC.
 - The PIC and Healthcare Manager will carry out regular hand hygiene audits in accordance with SARI handwashing Guidelines, as part of regular IPC audits, and immediate remedial/corrective actions will be implemented if poor practice is observed.
 - The PIC will ensure that there is effective communication with staff to update them when HSE and HSPC guidelines are updated.
-
- A deep clean of the entire centre has been completed and the staff are all committed to maintain the improved standards of cleanliness in the home.
 - The Clinical Room, sluice room, housekeeping room and storage area have been thoroughly cleaned and decluttered immediately after the inspection. Surplus stock has been removed from the nursing home and stored off site but is easily accessible when required. All stock in the nursing home is now stored in the appropriate storage room/shelves and not kept on floors and counters, thus allowing for effective cleaning.
 - A review of all clinical equipment has been conducted and any defective/obsolete equipment has been decommissioned and replaced, allowing effective cleaning and disinfection practices in line with Regulation 27.
 - A system is in place to ensure robust cleaning of equipment and frequently touched surfaces.
 - Furniture is being reviewed and replaced as required.
 - Equipment is stored on shelves and not on the ground; regular spot checks will be conducted by the PIC and Healthcare Manager to monitor continued compliance.
 - Repairs were carried out to damaged flooring, doors and surfaces.
 - A housekeeping manual is available as a reference guide for housekeeping staff regarding the appropriate procedures for cleaning and decontamination of equipment to meet the required standards of infection prevention and control in the nursing home, including the appropriate use of cleaning products, in accordance with national guidelines.
 - The large buffer machine has been removed from the premises, replaced by a more compact machine that can be stored safely and appropriately. Linen trolleys and wheelchairs can now be safely and appropriately stored as space has been made available following the decluttering of the home.
 - A limited stock of PPE is kept on site, and this is appropriately stored in a storage cupboard.
 - The PIC will ensure that all staff have been inducted to include the procedures they are

required to complete as part of their IPC role in relation to the use of sluicing facilities.

- A deep cleaning schedule is in place which is being overseen by the PIC and the housekeeping supervisor. A daily checking system is in place to ensure that high standards of cleanliness are always maintained.
- As part of a longer-term decorative upgrade, we will undertake a review of clinical handwash sinks in the home and will ensure that these will comply with recommended specifications for clinical handwash sinks.
- All wall-mounted alcohol and soap dispensers have been removed and replaced by new alcohol gel, soap and moisturizer dispensers, which have been clearly labelled and are easily cleaned.
- Handwashing signs have all been renewed, laminated and replaced over clinical handwash sinks and there are no handwashing posters over resident's sinks.
- We have replaced old or worn pressure relieving cushions, crash mats, pillows and foot stools with new items.
- There is no communal use of toiletries in the nursing home. All toiletries are for made available to individual residents for their personal use only.
- The appropriate deployment of nursing, care and ancillary staff was reviewed and the cohorting guidance of the Public Health department was fully implemented and overseen by the PIC. We will ensure that Public Health guidelines in relation to staff deployment are implemented and adhered to in the event of a future outbreak.
- HEPA air filtration system will be installed in the dayrooms.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/07/2022